



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-2440

VERIFICATION OF CURRENT LICENSE

APPLICANT: Complete Part I and submit the entire form to all states where you have a current license. A fee may be required by the state, please contact that state.

PART I		
I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF OCCUPATIONAL THERAPY TO FURNISH TO THE GEORGIA STATE BOARD OCCUPATIONAL THERAPY THE INFORMATION REQUESTED BELOW.		
DATE _____	SIGNATURE _____	LICENSE NUMBER _____
? APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY ?		

LICENSING AGENCY: The above applicant has requested licensure with the Georgia State Board of Occupational Therapy. To meet the current requirements of the Occupational Therapy Law, the Board is requesting that you complete Part II of this verification form and return it to the Board office at the above address as soon as possible. Thank you.

PART II	
NAME: _____	
NAME OF OCCUPATIONAL THERAPY OR OCCUPATIONAL THERAPY ASSISTANT SCHOOL _____	
YEAR GRADUATED: _____	
LICENSE ISSUED: OT <input type="checkbox"/>	LICENSE NO. _____ DATE ISSUED _____
OTA <input type="checkbox"/>	LICENSE NO. _____ DATE ISSUED _____
LICENSED BY: EXAMINATION <input type="checkbox"/>	ENDORSEMENT <input type="checkbox"/> GRANDFATHER CLAUSE <input type="checkbox"/>
CAREER LADDER <input type="checkbox"/>	
LICENSE STATUS CURRENT <input type="checkbox"/>	(EXPIRATION DATE _____) LAPSED <input type="checkbox"/> INACTIVE <input type="checkbox"/>
IS THE LICENSE IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS: _____	

(BOARD SEAL)	SIGNATURE _____
	TITLE _____
	BOARD ADDRESS: _____
DATE _____	BOARD PHONE NO. _____